

**POPOVICH, WILES &  
O'CONNELL, P.A.**

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**MAY 09 2007**

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<b>To: Examiner Paula L. Craig</b> <b>Group Art Unit: 3761</b> <b>Serial No.: 10/805,165</b> <b>Company: United States Patent and</b> <b>Trademark Office</b> <b>Location: Alexandria, VA</b> <b>Phone: 571-272-5964</b> <b>Fax: 571-273-8300</b>	<b>From: Terry L. Wiles</b>  <b>Direct phone: 612-334-8992</b>  <b>Date: May 9, 2007</b> <b>Pages including cover sheet: 13</b> <b>Reference #: 335</b>
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**Comments:**

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Date: May 9, 2007

Signature: Jodi Jung

Name: Jodi Jung

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Edgardo Costa Maianti et al. Attorney Docket: DID1047US  
 Serial No.: 10/805,165 Group Art Unit: 3761  
 Filed: March 18, 2004 Examiner: Paula L. Craig  
 For: DEVICE AND METHODS FOR PROCESSING BLOOD IN  
 EXTRACORPOREAL CIRCULATION

**TRANSMITTAL LETTER**

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Response (11 pages, including copies of the two Terminal Disclaimers filed on November 1, 2006).

☐ The fee for a \_\_\_\_\_-month extension of time is enclosed.

☒ No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	10	Minus	20	0	x 25		x 50	0
Independent	2	Minus	3	0	x 100		x 200	0
First presentation of multiple dependent claim					x 180		x 360	0
Total							Total	\$0

☐ Please charge Deposit Account No. 16-2312 in the amount of \$\_\_\_\_\_ to cover the fee for \_\_\_\_\_.

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Date: May 9, 2007 Signature: Jodi Jung  
 Name: Jodi Jung

Transmittal Letter

Attorney Docket: DID1047US

Applicants: Edgardo Costa Maiani et al.

Serial No.: 10/805,165

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☐ A check in the amount of \$\_\_\_\_\_ is enclosed to cover the fee for \_\_\_\_\_.

☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2312.

☐ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

☐ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted, ~

Date: 5/9/07By 

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**AMENDMENT AND RESPONSE**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 9, 2007, please amend the claims and enter the remarks as follows.

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